

## Problems with e-books: suggestions for publishers

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Electronic books are the focus of a great deal of attention recently. Weekly, there seems to be another popular article or news report about students' use of e-books [1] or the ways e-books will affect personal reading [2]. In the library community, we see numerous articles in professional journals about the use of print versus electronic books [3], among other related topics. A recent presentation by James Michalko of OCLC reported that publishers expect to provide between 75% and 90% of books in digital format within 5 years [4]. In our own little corner of the world, we enjoyed last fall's Medical Library Association webcast on the "ABCs" of e-books and blog posts from Michelle Kraft, AHIP, reflecting on issues relating to e-books in more depth [5]. Health sciences librarians are struggling to understand this new medium and how to integrate it into collections that are severely strained by years of tight budgets.

The path of e-book development and adoption by the library community seems different than that for e-journals. The reasons are many, but that discussion is not the focus of this editorial; instead, I will concentrate on what I see as the major issues confronting health sciences librarians with regard to the purchase of e-books. For one thing, health sciences libraries are quite different from public or academic libraries. We probably will not purchase extensive collections of e-books (such as those available from NetLibrary or ebrary), although we may purchase smaller packages from our select vendors. Packages can be a useful purchasing strategy, but they are not the only way that we will acquire books; many libraries will select and purchase title by title. This may be in contrast to common strategies for purchasing e-journals. Larger health sciences libraries have found it cost effective to

purchase journal packages, in that the cost of the package is usually substantially lower than the purchase price of single titles, even if some titles are seldom used. But e-books may be different.

The Health Sciences Library System at the University of Pittsburgh has been purchasing e-books for more than ten years, but lately we decided to take a more evidence-based approach to e-book acquisition. First, we asked our users about their knowledge of and use of e-books (see the article by Folb et al. in the current issue [6]). At the same time, we have been attempting to develop a core electronic collection to serve our dispersed user population, many of whom work in hospitals lacking a physical library with print books. We have tried to find a good benchmark against which to measure an "ideal" collection, but after months of research and statistics gathering, we are not yet satisfied that we have found what we were seeking.

Equally problematic is that no one vendor could supply what we wanted. Many vendors and publishers are bringing out Doody's collections [7-9], but none are complete, and the collections may be quite expensive. Plus, each collection includes titles that historically have not been used by patrons in our library. Some publishers are restricting their content either to their own platform or to select aggregators. In addition, many highly regarded health sciences titles are not yet available in electronic format—at this point in time. For example, our analysis of the 2009 and 2010 Essential Purchase Titles from Doody's shows that just over half of the titles are not currently available in electronic format. Elizabeth Lorbeer, AHIP, wrote in 2008: "We found that there was a large portion of [the School of Medicine] reading list that the Library was unable to purchase as eBooks. In many cases, publishers either have not digitized the content or the pricing

model was just too rigid" [10]. Two years later, the situation is not much changed.

So what are some of the barriers to developing a core electronic collection? The biggest barrier may be publishing models. Publishers have not yet figured out how to make profits in the move from print to electronic [11]. Some publishers do not allow libraries to purchase individual titles; they offer certain e-books only in packages that may contain titles already licensed by the library through a different package, thus forcing the library to pay twice for the same e-book. In addition, most libraries cannot afford to purchase an expensive package to gain access to one title.

In the ideal world, what do health sciences librarians want (recognizing, of course, that different health sciences libraries have different needs)? Here are some suggestions for publishers and vendors:

- Copublish print and electronic versions of each title. Libraries order titles as soon as (or before) they are published, but by the time the electronic version is available, we have already purchased the print. We might prefer electronic but often cannot afford to buy both. In the health sciences, we need the new content as soon as it is available due to the immediacy of our users' needs.

- Offer the option to purchase titles either in packages or as single e-books. Some libraries may prefer options for packages that provide discounted prices on individual titles, but others may only need one e-book from one publisher/aggregator and cannot or will not purchase a package to get that single title. In a recent article, Michael Heyd, AHIP, outlines the value of the aggregator model, saying that it is "an increasingly attractive and cost-effective alternative" [12].

- Offer the choice to license or subscribe to e-books or to purchase them. Our library prefers to subscribe to e-books so that we only

have the most current edition available for our users. Other libraries may prefer to purchase titles because of cost savings. Both options should be available.

■ Provide multiple options for usage: site license, single-user license, or concurrent-user license. Once again, different libraries have different needs, depending on the book, their budgets, the number of potential users, and so on.

■ Supply usage statistics that comply with the Counting Online Usage of Networked Electronic Resources (COUNTER) standard. This is the only way we can accurately compare usage among e-books and platforms, allowing us to develop the best collections for our users.

■ Make turnaway reports available for titles, not for an entire package of e-books, so we can purchase additional copies or seats for individual titles as needed. One vendor sends reports each time a user is turned away on a title. This allows the librarian to immediately know if an e-book is being used enough to warrant the purchase of additional copies. This should be an option from all vendors.

Our users are often content to use e-books, especially if that is their only option for the content, and may even prefer them. Health sciences publishers and aggregators need to recognize that we

librarians want to purchase electronic books. We understand that they need to make a reasonable profit on this new format, but we urge them to develop methods that make it possible for health sciences librarians to purchase e-books as easily and quickly as print books.

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